

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: cursive;">10/646568</div>		Filing Date <div style="font-size: 1.2em; font-family: cursive;">10/1/2018</div>	
						Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">[Handwritten Name]</div>			
						* May be used for additional claims or amendments			
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep	4								
Total Depend	42								
Total Claims	46								

Application Number	Filing Date
10/644568	

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	42					
Total Claims	46					

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Total Indep						
Total Depend						
Total Claims						